State of South Dakota

Appendix R

Candidate's or Committee's Report of Receipts and Expenditure RECEIVED

Candidates and candidate committees: File in the office where PACs, political party, ballot question and other committees:		NOV 1 6 2004 S.D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for sp	ecific instructions on completing this report.	
Name of Candidate or Committee <u>Hand</u>	County Democrats	
Complete Mailing Address 415 W 15	Ave Miller 50 57362	
Name of Person Making Report	Daytime Phone Number_	853-3512
If you are a candidate, what office are you seel	king?	
If you are a ballot question committee, indicate reporting period and whether the measure was	e which measure(s) the committee was involved supported or opposed.	l with during the
Type of Report (See pages 4 & 5 of Guideline	Book) YearEnd Financial Report	
For Reporting Period Ending (See pages 4 & 5	of Guideline Book) 10-23-2004	
The following verification must be completed	l before submitting report.	••••••
VERIFICATION OF PERSON MAKING RE	PORT	
I Sheila Coss this report and to the best of my knowledge an	(print name legibly), certify that I and belief it is true, correct and complete.	have examined
	Candidate Signature or Signature of Committee Treasurer or Chairperson	on.
Revised July 2001	Filed this	~ 1
	Constant Con	odes of day of

Appendix	E

Name of Candidate or Committee_	Hard County	Democrats	
For the reporting period ending	10-23-04		

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Inc		· · · · · · · · · · · · · · · · · · ·	*\$ <u>300.00</u>
Itemized Contributions from Indiv		Place of Employment	
Name	Residence Address	(Name of Employer)	٦ .
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Name of Candidate or Committee	Hand County Democrats	Appendix B
For the reporting period ending	10-73-04	٠
Schedule A	- Direct Contributions (continued)	
Unitemized Contributions from Political Part	ies:	*\$
Itemized Contributions from Political Parties		
Party Name	Address	
		\$
· · · · · · · · · · · · · · · · · · ·		

Total of Itemized Contributions from Politica	l Parties:	*\$
Iteminal Containations from Delistral Autism	Committees (PAC's) - All contributions from PAC's m	uet he itemined
PAC Name	Address	ast be itemized.
The Nume	Audiess	\$
		\$
		\$
		\$
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	7 - 47	\$
		\$
		\$
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		\$
		\$
		\$
		\$
		\$
		\$
Total of Itamized Containsting from D. P.	al Agtion Committees	\$
Total of Itemized Contributions from Politica	ai Action Committees;	-a
Total of All Direct Contributions (Sum of all	l lines with an *)	\$

ÀÑame of Candidate or Committee_

	11-11-10	Appendix B
Name of Candidate or Committee:		
For the reporting period ending: \int	0-23-04	
Schedule List on this schedule fund-raising events held to contributor gives more than \$100 or their contri contributions must be itemized on Schedule A.		ceeds derived from each event. If a
Type or Name of Event		Net Proceeds
1		678.50 450.00
Total:		1138.50
Sche Report all non-cash contributions of goods or se contributor, residence address and place of emp	loyment must be reported.	
Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total: Use this schedule to report any refunds, interest	Schedule D - Other Income tearned or other income which is not a direct	contribution.
Source of Income		Amount
Total:		

Name of Candidate or Committee:_	Hand	County	Democrats	<u> </u>	
For the reporting period ending: Q	toher 2	3,04		•	

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expenses		Contributions Made to Candidates a	4
[tem	Amount	Name of Candidate or Committee	Amount
Advertising	38.40	Stephanie Herseth	450-00
Consulting		South Oakota Demorrats	500.00
Postage		_	
Printing		<u> </u>	
Rent			
Salaries			
Felephone			
Travel			
Utilities			
List other expense	List other expense		
items below	amounts below		
	amounts below	·	·
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	100 110		
	38.40		950.

Name of Candidate or Committee:				
	ng:			
	Schedule F - Debts and Obligations			
This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.				
Owed to:	Purpose:	Amount		
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and the second s				
The state of the s				
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Tetal Obligation				
Total Obligations:				

Ňа	me of Candidate or Committee:		·
For	r the reporting period ending:		
	Sums summary sheet will give a brief outline of all campaign fin the schedules previously completed.	nmary Page inance activity during this reporting period. P	lease transfer all totals
1.	Amount on hand, if any, at the beginning of the	reporting period:	\$ 1008 · 33
2.	Receipts		
	Schedule A - Direct Contributions \$	300.0b	
	Schedule B - Fund-Raising Events \$	1128.50	
	Schedule C - In Kind Contributions \$	·	
	Schedule D - Other Income \$		
	Total of all Receipts \$	· · · · · · · · · · · · · · · · · · ·	
3.	Total Monetary Receipts (A+B+D)		\$ 1428.50
4.	Candidate's Personal Contribution to Own Cam	npaign	\$
5.	5. Monetary Loans to Candidate or Committee During Reporting Period		\$
6.	Monetary Loans Repaid During Reporting Peri	od	\$
7.	Expenditures - Schedule E		s <u>988.40</u>
8.	Unpaid Obligations - Schedule F \$		
9.	Amount on hand at the close of this reporting p This should equal lines (1+3+4+5) – (6+7)	eriod. *	\$ 1448.43

